

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT ID: 1508865

CLAIMS

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | 1        |      |                     |      |                     |      |
| 2            | 1        |      |                     |      |                     |      |
| 3            |          |      |                     |      |                     |      |
| 4            |          |      |                     |      |                     |      |
| 5            |          |      |                     |      |                     |      |
| 6            |          |      |                     |      |                     |      |
| 7            |          |      |                     |      |                     |      |
| 8            |          |      |                     |      |                     |      |
| 9            |          |      |                     |      |                     |      |
| 10           |          |      |                     |      |                     |      |
| 11           |          |      |                     |      |                     |      |
| 12           | 1        |      |                     |      |                     |      |
| 13           | 1        |      |                     |      |                     |      |
| 14           | 1        |      |                     |      |                     |      |
| 15           | 1        |      |                     |      |                     |      |
| 16           | 1        |      |                     |      |                     |      |
| 17           | 1        |      |                     |      |                     |      |
| 18           | 1        |      |                     |      |                     |      |
| 19           | 1        |      |                     |      |                     |      |
| 20           | 1        |      |                     |      |                     |      |
| 21           | 1        |      |                     |      |                     |      |
| 22           | 1        |      |                     |      |                     |      |
| 23           | 1        |      |                     |      |                     |      |
| 24           | 1        |      |                     |      |                     |      |
| 25           | 1        |      |                     |      |                     |      |
| 26           | 1        |      |                     |      |                     |      |
| 27           | 1        |      |                     |      |                     |      |
| 28           | 1        |      |                     |      |                     |      |
| 29           | 1        |      |                     |      |                     |      |
| 30           | 1        |      |                     |      |                     |      |
| 31           | 1        |      |                     |      |                     |      |
| 32           | 1        |      |                     |      |                     |      |
| 33           | 1        |      |                     |      |                     |      |
| 34           | 1        |      |                     |      |                     |      |
| 35           | 1        |      |                     |      |                     |      |
| 36           | 1        |      |                     |      |                     |      |
| 37           | 1        |      |                     |      |                     |      |
| 38           | 1        |      |                     |      |                     |      |
| 39           | 1        |      |                     |      |                     |      |
| 40           | 1        |      |                     |      |                     |      |
| 41           | 1        |      |                     |      |                     |      |
| 42           | 1        |      |                     |      |                     |      |
| 43           | 1        |      |                     |      |                     |      |
| 44           | 1        |      |                     |      |                     |      |
| 45           | 1        |      |                     |      |                     |      |
| 46           | 1        |      |                     |      |                     |      |
| 47           | 1        |      |                     |      |                     |      |
| 48           | 1        |      |                     |      |                     |      |
| 49           | 1        |      |                     |      |                     |      |
| 50           | 1        |      |                     |      |                     |      |
| TOTAL IND.   |          |      |                     |      | 2                   |      |
| TOTAL DEP.   |          |      |                     |      | 55                  |      |
| TOTAL CLAIMS |          |      |                     |      | 57                  |      |

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